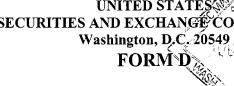
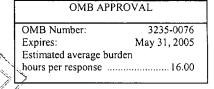
1270463

FORM D

UNITED STATES SECURITIES AND EXCHANGÉ COMMISSIÒ

FORM D







NOTICE OF SALE OF SECURITIE PURSUANT TO REGULATION D SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix			Serial			
1 10111			Je. 141			
	DA	TE RECEIV	ED			

Name of Offering (☐ chec Quellos Real Assets, L.P. –			s changed, and indic	ate chan	ge.)		
Filing Under (Check box(es) that apply):		☐ Rule 504	☐ Rule 505	⊠ R	ule 506	☐ Section 4(6)	□ ULOE
Type of Filing:	New Filing	☐ Amendment					
		A. BASIC II	DENTIFICATION	ON DA	TA		
1. Enter the information req	uested about the iss	suer					
Name of Issuer (□ check if	this is an amendme	nt and name has cha	anged, and indicate	change.)			
Quellos Real Assets, L.P	Quellos Diversifie	d Portfolio					
Address of Executive Office	- (City, State, Zip Co	de.)	Telephone	Number (Includin	g Area Code)
601 Union Street, 56th Floo	r, Seattle, Washin	gton 98101			(206) 613-		
Address of Principal Busine		Number and Street,	City, State, Zip Co	de)	Telephone	Number (Includin	ig Area Code)
(if different from Executive	Offices)						
Brief Description of Busines	SS						DOCESSED
Private Investment Fund							LKOCE3 3ED
Type of Business Organizati	ion						8801
□ corporation		ed partnership, alre			other (p	olease specify):	AUG 16 2004
☐ business trust	□ limi	ited partnership, to					
		_ 	1onth Year			_	THOMSON FINANCIAL
Actual or Estimated Date of			لتلتا لتلت		Actual	☐ Estimated	District
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:							
		CN for Canada;	; FN for other foreig	ın jurisdi	ction)	D	E

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

• Each general and managing partner of partnership issuers.								
Check Box(es) that Apply:	x(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director		☑	General and/or Managing Partner				
Full Name (Last name first, if indi QPCM Real Assets GP, LLC	vidual)							
Business or Residence Address 601 Union Street, 56 th Floor, Sea		reet, City, State, Zip Code	e)					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑	General and/or Managing Partner		
Full Name (Last name first, if indi Quellos Capital Management, L	•			-				
Business or Residence Address 601 Union Street, 56 th Floor, Sea	(Number and St	reet, City, State, Zip Code 98101	e)			<u> </u>		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director		General and/or Managing Partner		
Full Name (Last name first, if indi Clarvit, Charles I.	vidual)							
Business or Residence Address 667 Madison Avenue, 25 th Floor	•	reet, City, State, Zip Code 1	e)					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director		General and/or Managing Partner		
Full Name (Last name first, if indi Greenstein, Jeffrey I.	vidual)							
Business or Residence Address 601 Union Street, 56 th Floor, Sea		reet, City, State, Zip Code	e)					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director		General and/or Managing Partner		
Full Name (Last name first, if indi White, Bryan K.	vidual)							
Business or Residence Address 601 Union Street, 56 th Floor, Sea		reet, City, State, Zip Code 98101	e)					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	□ Director		General and/or Managing Partner		
Full Name (Last name first, if indemocrated McDonald, Eugene J.					-			
Business or Residence Address 601 Union Street, 56th Floor, Sea		reet, City, State, Zip Code 98101	e)					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑Executive Officer	☐ Director		General and/or Managing Partner		
Full Name (Last name first, if ind. Nee, Kevin	ividual)							
Business or Residence Address 667 Madison Avenue, 25 th Floor	•	reet, City, State, Zip Cod 1	e)					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

• Each general and managing	partner of partners	hip issuers.				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑Director		General and/or Managing Partner
Full Name (Last name first, if ind Bontje, Norman D.	lividual)					
Business or Residence Address 601 Union Street, 56 th Floor, Se		treet, City, State, Zip Cod 98101	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	□Director		General and/or Managing Partner
Full Name (Last name first, if ind Bender, Marie M.	lividual)	,				
Business or Residence Address 601 Union Street, 56 th Floor, Se	•	treet, City, State, Zip Cod 1 98101	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if inc	lividual)					
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if inc	lividual)					
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if inc	lividual)					
Business or Residence Address	(Number and S	street, City, State, Zip Cod	le)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	□Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if inc	lividual)	,				
Business or Residence Address	(Number and S	Street, City, State, Zip Cod	le)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	٥	General and/or Managing Partner
Full Name (Last name first, if inc	lividual)					
Business or Residence Address		Street, City, State, Zip Codet, or copy and use addition		s necessary.)		

				B. IN	FORMAT	TION ABO	OUT OFF	FERING				
1. Has	the issuer so	ld, or does t	he issuer in			edited invest					Yes □	No ☑
2. What is the minimum investment that will be accepted from any individual?						\$ <u>2,000,000 *</u> *Unless waived						
4. Ente	es the offering	nation requ	ested for ea	ich person	who has be	en or will	be paid or	given, dire	ectly or ind	irectly, any	Yes ☑	No □
a pe	nmission or serson to be li es, list the reker or dealer,	sted is an as name of the	ssociated pe broker or d	rson or age ealer. If mo	nt of a broke ore than five	er or dealer e (5) persons	registered v s to be liste	with the SEC	C and/or wi	th a state or		
Full Na	me (Last nar	ne first, if in	dividual)									
	plicable.											
Busines	ss or Residen	ce Address	(Numbe	er and Street	t, City, State	e, Zip Code)						
Name o	of Associated	Broker or I	Dealer					,				
States i	n Which Per	son Listed H	las Solicited	or Intends	to Solicit Pu	ırchasers			<u></u>			
(Che	ck "All State	s" or check	individual S	States)								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT] X	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT] [RI]	[IN] [NE] [SC]	[IA] [NV] [SD]	[KS] [NH] [TN]	[КҮ] [NЛ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[MN] [OK] [WI]	[MS] [OR] [WY]	[MO] [PA] [PR]
Full Na	me (Last nar		idividual)				* 1					
Busines	ss or Residen	ce Address	(Numbe	er and Stree	t, City, State	e, Zip Code)						
Name o	of Associated	Broker or I	Dealer			······································						
States i	n Which Per	son Listed H	las Solicited	l or Intends	to Solicit Pu	ırchasers						
(Che	ck "All State	s" or check	individual S	States)	•••••				••••	***************************************		All States
[AL]	[AK]	[AZ]								[GA]	[HI]	[ID]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	ame (Last nat	ne first, if ir	ndividual)									
Busine	ss or Resider	ice Address	(Numb	er and Stree	t, City, State	e, Zip Code)						
Name o	of Associated	l Broker or I	Dealer									
States i	n Which Per	son Listed F	las Solicited	d or Intends	to Solicit Po	urchasers						
(Che	eck "All State	s" or check	individual S	States)				••••••	•••••			All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	[IN] [NE] [SC]	[IA] [NV]	[KS] [NH]	[KY] [NJ] [TX]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND] [WA]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

 Enter the aggregate offering price of securities included in this offering and the total amount a sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering chec box □ and indicate in the columns below the amounts of the securities offered for exchange 	ck this	
already exchanged.	•	
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	-	\$0
Equity	<u> </u>	\$ 0
□ Common □ Preferred	\$ <u> </u>	<u> </u>
Convertible Securities (including warrants)	\$ 0	\$0
Partnership Interests		\$0 \$0
Other (Specify) LP Interests		\$ <u>119,825,000</u>
Total		\$ <u>119,825,000</u> \$ <u>119,825,000</u>
Total	\$ <u>119,823,000</u>	\$ <u>119,823,000</u>
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased securities offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, in the number of persons who have purchased securities and the aggregate dollar amount o purchases on the total lines. Enter "0" if answer is "none" or "zero."	ndicate	
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	44	\$ <u>119,825,000</u>
Non-accredited Investors	0	\$0
Total (for filings under Rule 504 only)	<u>N/A</u>	\$N/A
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) r prior to the first sale of securities in this offering. Classify securities by type listed in Pa Question 1.	months	
	Type of	Dollar Amount
Type of Offering	Security	Sold
Rule 505		\$ <u>N/A</u>
Regulation A		\$N/A
Rule 504		\$N/A
Total	<u>N/A</u>	\$N/A
4. a. Furnish a statement of all expenses in connection with the issuance and distribution securities in this offering. Exclude amounts relating solely to organization expenses issuer. The information may be given as subject to future contingencies. If the amount expenditure is not known, furnish an estimate and check the box to the left of the estimate.	of the t of an	
Transfer Agent's Fees		\$
Printing and Engraving Costs		\$
Legal Fees		\$ 51,000
Accounting Fees		\$ 34,000
Engineering Fees		\$
Sales Commissions (specify finders' fees separately)		\$
Other Expenses (identify)	-	\$
Total		\$ 85,000
1 Old I	······	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF P	ROCE	EDS
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - question 4.a. This difference is the "adjusted gross proceeds to the issuer."			\$ _119,740,000
Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.			
	Paymer Officers, D & Affil	irectors iates	Payments To Others
Salaries and Fees	☑ \$	*	□ \$ <u> </u>
Purchase of real estate	□ \$	0_	□ \$ <u> </u>
Purchase, rental or leasing and installation of machinery and equipment	□ \$	0	□ \$ <u> </u>
Construction or leasing of plant buildings and facilities	□ \$	0	□ \$ <u> </u>
Acquisition of other businesses (including the value of securities involved in this offering that may			_
be used in exchange for the assets or securities of another issuer pursuant to a merger)			
Repayment of indebtedness			
Working capital			
Other (specify) Investment in securities			
Column Totals		*	☑ \$ <u>119,740,000</u>
Total Payments Listed (column totals added)		☑ \$ <u>119</u>	9 <u>,740,000*</u>
* SEE ATTACHMENT			
D. FEDERAL SIGNATURE			1
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 50	ion, upon wi		
Issuer (Print or Type) Quellos Real Assets, L.P., on behalf of Quellos Diversified Portfolio	06	Date July	<u>36</u> , 2004
Name of Signer (Print or Type) By: QPCM Real Assets GP, LLC, its general partner By: Quellos Capital Management, L.P, its manager By: Marie M. Bender			
Name of Signer (Print or Type) Title of Signer (Print or Type)			
ATTENTION Intentional misstatements or omissions of fact constitute federal criminal viole	ations (Sa	1 1 Q T I	S.C. 1001.)
Intentional misstatements or omissions of fact constitute federal criminal viola	ations. (Se	e 18 O'	S.C. 1001.)

Attachment to Form D Quellos Real Assets, L.P. - Quellos Diversified Portfolio

Footnote to Part C - Question 5

Salaries and Fees

Quellos Private Capital Markets, L.P., the investment manager of the Fund, will receive an annual management fee, in advance on a quarterly basis as follows:

- (a) Prior to Sixth Anniversary of Initial Closing: 1.0% per annum of the aggregate Capital Commitments of the Limited Partners; and
- (b) After Sixth Anniversary of Initial Closing: 1.0% per annum of the aggregate capital contributed to Underlying Partnerships that has not been liquidated.

Limited Partners admitted after the Initial Closing will contribute to the Fund and the Fund will pay to the investment manager an amount equal to the additional Management Fee that would have been paid had such Limited Partners been admitted to the Fund on the Initial Closing, plus an amount equal to interest thereon at LIBOR plus 3% from the Initial Closing.

In addition, QPCM Real Assets GP, LLC, the general partner of the Fund, will receive a "Carried Interest Distribution" equal to 5% of proceeds distributed from underlying investments.